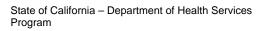
APPLICATION FOR NURSING HOME ADMINISTRATOR NATIONAL EXAMINATION

Return this completed form 30 days prior to exam date, with a check or Money Order for the application fee of \$25, (payable to NHAP) to the following address:

Nursing Home Administrator Program P.O. Box 997416, MS 3302 Sacramento, CA 95899-7416

PRINT OR TYPE

ICANT'S NAME (Last) (First)		(M.I.)	SOCIAL SEC	SOCIAL SECURITY NUMBER *	
MAILING ADDRESS (Number) ('Street)		WORK TELEPHONE NUMBER ()		
(City)	County) (State	(Zip Code)	HOME TELE	PHONE NUMBER	
E-MAIL ADDRESS	DRIVER LICENSE NUMBER		DATE OF BII	RTH	
*Social Security Number Disclosure: Pursuant to Section 666(a)(13) of Title 42 of the Unit applicants for nursing home administrator licenses. Disclosure of your social security number disciplinary actions to the Health Integrity and Protection Data Bank as required by 45 CFR identification, and may be used to verify information on your application, to verify certificat against you.	ber is mandatory for purposes of establishing, m R §§ 61.1 et seq. Failure to provide your social	odifying, or enforcing child support order ecurity number will result in the return o	rs upon request by the of your application. You	Department of Child Support Services and for reporting our social security number will be used by DHS for internal	
Have you ever pled guilty or nolo contendere to, or been convicted of any crime (other than minor traffic violations)?					
IF THE ANSWER TO THIS QUESTION IS YES, EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER. PROVIDE CERTIFIED COPIES OF ARREST REPORT AND COURT DOCUMENTS THAT INCLUDE THE FOLLOWING AS APPLICABLE: CRIMINAL COMPLAINT, PLEA AND JUDGEMENT, AND PROBATION REPORT. IF THESE RECORDS HAVE BEEN DESTROYED, THE PROGRAM REQUIRES A SIGNED STATEMENT TO THAT FACT ON AGENCY LETTERHEAD, FROM THE AGENCY YOU ARE REQUESTING RECORDS. A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU.					
☐ Do you require a special accommodation? If so, please submit the Special Accommodation Form with this application. ☐ I am enclosing a check or money order in the amount of \$\$\$\$\$					
AN APPLICANT'S ELIGIBILITY FOR LICENSURE SHALL BE DEF	PENDENT ON SUCCESSFUL COM	 PLETION OF THE NATIONAL	. AND STATE EX	(AMINATIONS.	
CITIZENSHIP (Health and Safety Code 1416.22(a))					
(a) Are you a United States Citizen?					
(c, r , c					
FAMILY SUPPORT					
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Nursing Home Administrator